

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155328		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/05/2011	
NAME OF PROVIDER OR SUPPLIER  WESTPARK REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP ROAD EVANSVILLE, IN47712			
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F0000	<p>This visit was for the Investigation of Complaint IN00092795.</p> <p>Complaint IN00092795 - Substantiated. Federal/state deficiencies related to the allegation are cited at F223.</p> <p>Survey date: July 5, 2011</p> <p>Facility number: 000221 Provider number: 155328 AIM number: 100267620</p> <p>Survey team: Diane Hancock, RN-TC</p> <p>Census bed type: SNF 18 SNF/NF 81 Total 99</p> <p>Census payor type: Medicare 12 Medicaid 70 Other 17 Total 99</p> <p>Sample: 3</p> <p>Westpark Rehabilitation Center was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regard to the</p>			F0000	<p>The Preparation or execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.</p> <p>We respectfully request this Plan of Correction serve as our allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0223 SS=A	<p>Investigation of Complaint number IN00092795.</p> <p>These deficiencies reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 6, 2011 by Bev Faulkner, RN</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 3 residents reviewed for allegations of abuse, were free from physical abuse, in that a CNA was determined to have poked the resident in the arm causing bruising. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's clinical record was reviewed on 7/5/11 at 12:00 noon. The resident was admitted to the facility on 9/29/10, with diagnoses including, but not limited to, a history of a cerebrovascular accident [CVA, stroke], anemia, osteoarthritis, and obesity.</p>			F0223	<p>The Preparation or execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.</p> <p>We respectfully request this Plan of Correction serve as our allegation of compliance.</p> <p>F 223</p> <p>The identified resident is free of neglect, abuse and mistreatment, and/or misappropriation of property.</p>		07/22/2011

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	<p>The resident's record contained an accident/incident report, signed 6/24/11, that indicated the resident had told a CNA [#2] that another CNA [#1] had come in the night before and poked her arm while she was asleep, causing 3 small bruises on the upper arm. An assessment of the bruises was documented and indicated they measured 3.5 centimeters [cm] by 2.8 cm, 3 cm by 2 cm, and 6.6 cm by 5.5 cm. The document indicated the physician and family had been notified and the CNA was suspended.</p> <p>The Administrator provided the investigation of the allegation on 7/5/11 at 12:30 p.m. The Accident/Incident Report/Investigation indicated the resident had reported to CNA #2 at 4:00 p.m., on 6/23/11, the incident that had allegedly occurred during the evening shift on 6/22/11. CNA #2 immediately informed the charge nurse, who informed the Director of Nursing, who informed the Administrator and began an investigation. CNA #1 was suspended.</p> <p>Statements were taken from the resident, who indicated CNA #1 had come into her room while she was sleeping and "poked my arm" and it hurt. She further indicated, the CNA had went around to the other side and poked her other arm, but not as hard. The facility assessed the</p>				<p>Head to toe assessment were completed to on dependents residents and alert and orientated residents were interviewed and it was determined that the residents are free of neglect, abuse and mistreatment, and/or misappropriation of property.</p> <p>Facility staff were re-educated on the policy and procedure on prevention and reporting of neglect, abuse, including injuries of unknown source, and misappropriation of residents property.</p> <p>Allegations of neglect, abuse, including injuries of unknown source, and misappropriation of residents property are investigated and reviewed by the Administrator and or the Director of Nursing/designee to determine if allegations are substantiated. Results of investigations will be reviewed during monthly QA and reported to other officials in accordance with State and Federal law (including the ISDH) and if the alleged violation is verified appropriate corrective action will be taken.</p> <p>Systemic changes will be completed by 7-22-11</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>3 bruises and determined they were consistent with fingertip bruises. A head to toe assessment of the resident was conducted. All residents on the CNAs assignment were assessed and interviewed.</p> <p>CNA #1's employee file was reviewed and all pre-employment screenings had been conducted, to include state registry check, criminal history check, and reference checks. The file indicated the CNA had been oriented to the facility's policies and procedures on Resident Rights and Abuse, and had documentation of orientation to the facility and the job skills.</p> <p>A statement had been obtained from CNA #1, dated 6/28//11. The statement indicated, "I may have been rough with [Resident's name] on June 22, 2011 during 2nd shift when I turned her to put on a bedpan. I did not receive word from her that I was rough."</p> <p>Review of the facility schedule, as worked, for 6/23/11 to date, indicated the CNA did not work after 6/22/11. Documentation in the personnel file indicated the CNA was terminated for violating a facility rule regarding verbal, mental, physical, or sexual abuse. The document indicated it was determined the employee did "poke" the resident's left</p>						

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	<p>arm leaving bruises and causing pain. The employee was terminated and was not eligible for rehire. The date of the termination was 6/27/11.</p> <p>The Administrator and Director of Nurses were interviewed on 7/5/11 at 4:05 p.m. Both indicated they found out about the allegation on 6/23/11 at 4:00 to 4:30 p.m. As soon as CNA #2 was told by the resident, it was reported to the charge nurse, then the Director of Nurses [DoN] and the Administrator. It was reported to the State Agency on 6/24/11, less than 24 hours later. The DoN indicated she believed it did happen. She indicated the resident's story changed very little, and she had bruises consistent with the allegation.</p> <p>The Administrator provided a copy of the Policy and Procedure for Prevention and Reporting of Resident Mistreatment, Neglect, and Abuse, effective October 1999 and revised February 2011, on 7/5/11 at 9:30 a.m. The policy and procedure indicated physical abuse included hitting, slapping, pinching, scratching, spitting, holding roughly, etc. The policy and procedure outlined the screening procedure for new hires, training, prevention, identification, protection, and investigation requirements for the facility. The facility was</p>						

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	determined to have followed their policy and procedure.  3.1-27(a)(1)						